

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019560

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No.

Registrar's No. 90

FILED JUN 13 1962

VS 300  
Rev. 4/59

1 0610

2 0610

3

4 0

5 1

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7 0

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9 7954

10

11

12 90-8

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Drake Township

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Macon

c. CITY OR TOWN Drake Township

Inside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
North East of New BostonReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First James

Middle Elmer

Last Pearce

## 4. DATE OF DEATH

Month June 3 1962

Day Year

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
April 24 18749. AGE (last birthday)  
88IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

1 10

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Scotland County Mo12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

James Pearce

13b. MOTHER'S MAIDEN NAME

Emily Caldwell

14. NAME OF HUSBAND OR WIFE

Marie Pearce

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Marie Pearce Ethel Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Natural Causes -

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour s.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Clyde M. Collins*

Licensed Embalmer No. 3226

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED, BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting!

If this body is not embalmed, fact should be so stated above.